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QUICK FACTS ABOUT ALCOHOL AND DRUGS

AADAC

Alberta Alcohol and Drug Abuse Commission
An Agency of the Government of Alberta

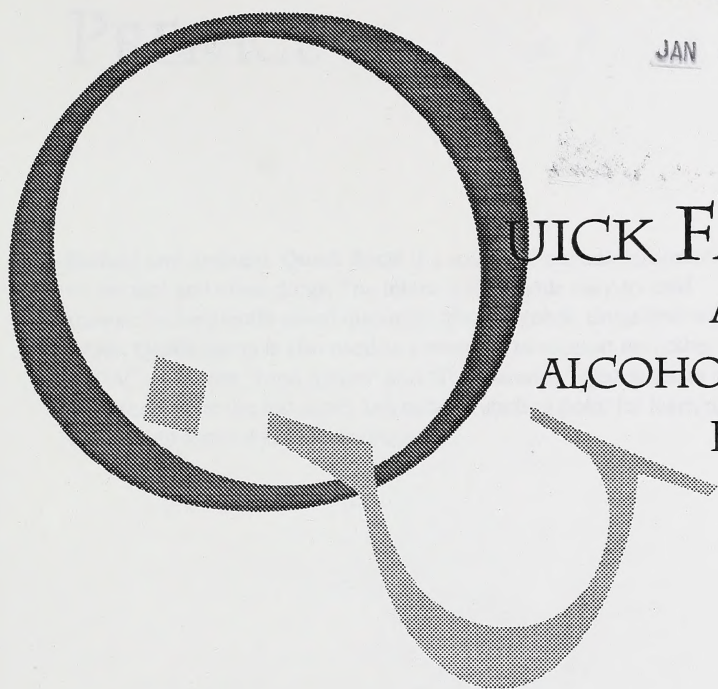




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QUICK FACTS ABOUT ALCOHOL AND DRUGS

FIFTH EDITION

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AADAC

Alberta Alcohol and Drug Abuse Commission
An Agency of the Government of Alberta

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PREFACE

Revised and updated, **Quick Facts** is a source of concise information on alcohol and other drugs. The intent is to provide easy-to-read answers to frequently asked questions about alcohol, drugs and related issues. **Quick Facts** is also used as a resource to support two other AADAC resources "Teen Action" and "Touchstones." **Quick Facts** does not intend to be the last word, but rather a starting point for learning more about alcohol and other drugs.

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ALCOHOL

What happens to alcohol in the body?

- ◆ Alcohol is absorbed mainly through the stomach and small intestine into the bloodstream.
- ◆ Once in the bloodstream, alcohol quickly spreads throughout the body, reaching the brain almost immediately.
- ◆ Alcohol is broken down or metabolized in the liver at a constant rate. It takes between one and two hours for an adult to metabolize a standard drink.

What does Blood Alcohol Concentration or BAC mean?

- ◆ BAC is a measure of the concentration of alcohol in the bloodstream; it is the amount of alcohol per unit of blood.
- ◆ At a BAC of .04 most people begin to feel relaxed. At .06, judgement is somewhat impaired and people are less able to make rational decisions about their capabilities. At .08, muscle coordination and driving skills are known to be impaired. At .10, judgement, motor control and reaction time continue to deteriorate. By .30, loss of consciousness may occur and, above .40, breathing may stop and death may result.
- ◆ The legal limit for impaired driving in Canada is .08, meaning that a driver is impaired with 80 mg of alcohol per 100 ml of blood in the system.

What are the immediate effects of drinking alcohol?

- ◆ Short-term effects of drinking depend on how much alcohol is in the bloodstream. How much alcohol is in the bloodstream depends on how much alcohol has been consumed and how quickly it was consumed. These factors determine the amount of alcohol absorbed and the amount metabolized.

ALCOHOL

- ◆ Even though alcohol is a central nervous system depressant, early effects of drinking may include increased activity and decreased inhibition. These effects result from a depression of brain centres that control behaviour.
- ◆ At low to moderate doses, alcohol usually produces a feeling of relaxation and a sense of well-being. However, alcohol can produce feelings of hostility, depression and withdrawal. The environment in which drinking occurs and the amount of alcohol consumed can greatly affect the emotional response.

What is moderate drinking?

- ◆ Moderate drinking or low risk drinking is the norm for the majority of adult Canadians. Defining what is “moderate,” “safe” or “responsible” drinking and describing its effects on the individual and society has been the subject of study, debate and controversy.
- ◆ Canada’s Drug Strategy, Health and Welfare Canada and other interest groups developed the following position on moderate drinking. The position considers the impact of alcohol in a broader sense by taking into account the many issues related to alcohol consumption. *For most adults, moderate alcohol consumption is no more than one drink a day or no more than seven drinks a week. More than four drinks on any occasion or more than 14 drinks in a week are considered a risk to health and safety.*

Is drinking good for your health?

- ◆ Some sources suggest the moderate alcohol use can actually help to prevent heart disease. There is some evidence to support this suggestion. But along with helping to prevent heart disease, moderate to high alcohol use can contribute to a number of other serious problems, such as cancer and strokes. This type of prevention must be balanced with the other health risks of drinking.

What are the long-term effects of chronic alcohol abuse?

- ◆ Chronic alcohol use leads to an increased tolerance. This means that more alcohol is needed to achieve the same effect.
- ◆ Physical dependence occurs as the body gets used to having alcohol in the system, and withdrawal symptoms occur if intake is suddenly stopped.
- ◆ These withdrawal symptoms may include loss of appetite, nausea, anxiety, sleeplessness, irritability, confusion, sweating and tremors. In severe cases, convulsions and hallucinations may also occur. Delirium tremens (DTs) are the most severe effects of alcohol withdrawal and are characterized by severe agitation, disorientation, high body temperature and accelerated heart rate.
- ◆ Gastrointestinal effects of chronic alcohol abuse include ulcers, pancreatitis and liver diseases such as cirrhosis.
- ◆ Chronic alcohol use can lead to malnutrition due to a reduced interest in food and the lack of nutrients in alcohol.
- ◆ Increased risk of heart damage, pneumonia, tuberculosis and many infectious diseases are also associated with chronic alcohol use.
- ◆ Blackouts may occur. Blackouts are the inability to remember events after a period of drinking, and result from the effect of alcohol on the central nervous system.

How does alcohol use affect the liver?

- ◆ Alcohol is broken down or metabolized by the liver. Overuse of alcohol may result in liver damage and/or disease.
- ◆ The accumulation of fat in the liver is an early symptom of alcohol abuse.
- ◆ Alcoholic hepatitis is a more serious inflammation of the liver, occurring after heavy or prolonged drinking.

ALCOHOL

- ◆ Alcoholic cirrhosis is a chronic inflammatory disease in which liver cells are replaced by scar tissue. Cirrhosis is a leading cause of death among chronic alcohol abusers.

What is the difference between problem drinking and alcoholism?

- ◆ The two terms are often used to mean the same thing when referring to a person with alcohol-related problems. Problem drinking may have less stigma and fewer negative connotations than the word alcoholism. Problem drinking is sometimes used if a person has less advanced problems and can still choose how much to drink. Alcoholism (serious problem drinking) can be defined as an ongoing inappropriate use of alcohol which causes increasingly serious problems in a person's physical or mental health, work, family, social or spiritual life.
- ◆ In general, if alcohol use is negatively affecting any aspect of a person's life then that person is experiencing a problem with alcohol.

Is alcoholism a disease?

- ◆ Defining alcoholism as a chronic, progressive disease was an important step in facilitating treatment of alcohol abusers. Rather than being viewed as a moral weakness or personal inadequacy, alcoholism could be seen as a treatable condition.
- ◆ Looking beyond the disease concept, alcoholism can be viewed more broadly as a complex psychological/social/medical condition.

What are the warning signs of a drinking problem?

- ◆ Loss of control: going beyond your limits, drinking more often, gulping drinks, secret drinking.
- ◆ Loss of power over your life: problems with friends, family, work or school, finances or legal matters as a result of drinking.

- ◆ Emotional problems: anxiety, guilt, or depression over alcohol use.
- ◆ Physical symptoms: hangovers, blackouts, gastrointestinal problems.

Is problem drinking hereditary?

- ◆ Many factors contribute to alcohol problems, including the genetic and psychological make-up of the individual as well as cultural and sociological factors.
- ◆ Studies have shown that children of alcoholics have a four times greater risk of developing alcohol-related problems. However, this statistic does not prove that alcoholism is inherited, since **both** the environment **and** genetic factors contribute to the development of alcoholism in children of alcoholics.
- ◆ The current hypothesis is that heredity does play a role in the development of alcoholism in some people. Additional research is needed to determine for which people and how heredity affects the development of alcoholism.

Do certain types of people develop alcohol-related problems?

- ◆ Anyone who drinks can become alcoholic. It is not possible to reliably predict on the basis of any single factor who will develop alcohol-related problems.

Does the type of alcohol consumed affect the chance of developing problems?

- ◆ No. The form of alcohol makes no difference. The eventual effect of the pure alcohol contained in all types of alcoholic beverages is the same. The amount of pure alcohol in a 12 ounce bottle of regular beer, 1.5 ounces of distilled spirits or a 5 ounce glass of wine is the same.

ALCOHOL

How does chronic alcohol use affect the brain?

- ◆ Some of the behavioural changes observed in chronic alcoholics result from the effects of alcohol on the brain. These effects include poor physical coordination, memory deficits, and problems in perceiving situations accurately. During periods of abstinence, some deficits may improve with time.
- ◆ After many years of heavy drinking, more severe impairment may occur, leading to Organic Brain Disorders. Symptoms of these disorders include confusion, speech difficulty, deficits in perception, motor functioning and memory, and a slow, lurching walk.

What is Korsakoff's Psychosis?

- ◆ Korsakoff's Psychosis is caused by a combination of nutritional deficiency (Vitamin B1) and the toxic effects of alcohol. It is characterized by persistent memory impairment, confusion, disorientation and poor coordination. The condition is also characterized by making up stories that have no basis in fact.

Is there any relationship between alcohol use and cancer?

- ◆ Cancer of the mouth, pharynx, larynx and esophagus have been associated with chronic alcohol use.
- ◆ More recent evidence suggests that alcohol use may also be associated with cancer of the liver, pancreas, stomach, large intestine, rectum and breast.

What is Fetal Alcohol Syndrome or FAS?

- ◆ Fetal Alcohol Syndrome (FAS) is a term used to describe a set of symptoms seen in some children born to women who drank alcohol heavily during pregnancy. Alcohol easily crosses the placental membrane and affects the development of the fetus.

- ◆ FAS should only be diagnosed by a specially trained doctor.
- ◆ Infants with FAS are smaller than other newborns and have different facial features such as flat noses and small eyes. They also have some degree of damage to the brain that usually results in mild to severe mental retardation.

What is Fetal Alcohol Effects or FAE?

- ◆ The definition of fetal alcohol effects (FAE) is not as clear as the one for FAS. Most researchers agree that FAE applies to children who have some, but not all, of the symptoms of Fetal Alcohol Syndrome. But, these symptoms can be just as severe as those of FAS.

How much alcohol can a pregnant woman safely drink?

- ◆ No safe limit of alcohol consumption by a pregnant woman has yet been established. Most experts recommend that women abstain from alcohol during pregnancy.

ADOLESCENTS AND ALCOHOL

What is the legal drinking age across Canada?

◆ TABLE 1: LEGAL DRINKING AGE ACROSS CANADA

<u>Province</u>	<u>Age</u>
British Columbia	19
Alberta	18
Saskatchewan	19
Manitoba	18
Ontario	19
Quebec	18
New Brunswick	19
Nova Scotia	19
Prince Edward Island	19
Newfoundland	19
Northwest Territories	19
Yukon	19

Source: AADAC (1993) Alcohol in Alberta: Perspectives on Its Use and Effects

What is AADAC's position concerning the legal drinking age?

- ◆ AADAC supports retention of a legal drinking age of 18 in Alberta.
- ◆ The concerns around raising the legal drinking age are complex and do not lend themselves to easy resolution by any single measure.
- ◆ It would be inconsistent to increase the legal drinking age without considering the general age of majority.
- ◆ Research shows that raising the legal drinking age in other jurisdictions has produced mixed and inconclusive effects.

What is the trend in drinking among teens?

- ◆ AADAC's research indicates that the prevalence of drinking among Alberta adolescents (12-17 years) was 48% in 1989, up from 43% in 1987. This was the first increase noted since AADAC began conducting surveys with young people in Alberta in 1981. It marked a return to the

drinking level observed in 1983 (48%), but remained well below the 1981 figure of 55%.

- ◆ Average consumption of alcohol by teens did not go up, however. In 1989, adolescents consumed an average of 30 drinks in the 6 months prior to the survey. This continues the trend of a general decline in consumption seen over the decade.

- ◆ Specifically, in 1981, 55% of teens questioned about drinking said they had consumed alcohol more than three times in their lives and had at least one drink during the past six months. By 1989, the percentage of teenage drinkers had dropped from 55% to 48%.

Are there differences in the treatment needs of adolescents and adults?

- ◆ Although most teens in Alberta are healthy and do not have problems with alcohol or other drugs, over 1,500 entered AADAC treatment facilities during 1992/93, most on an outpatient basis.

- ◆ Like adults, teens face the challenge of developing skills and abilities needed to successfully manage their lives without depending on alcohol or other drugs.

- ◆ Teens may not have as long a history of heavy alcohol or drug use as some adults, but, because of their age and developmental stage, they may be especially vulnerable to the harmful consequences of such use. Troubled adolescents require programs and staff that are sensitive to their developmental level and the issues that they are facing. These may include issues of identity, independence and peer group membership. Involvement of family or other supportive adults may also be especially important.

- ◆ Specialized treatment services are available in Alberta for teens. Contact your local AADAC office (check the phone book) for the office nearest you.

IMPAIRED DRIVING

What are the drinking and driving laws in Canada?

- ◆ The legal limit for impaired driving in Canada is .08. A driver is considered impaired if there is 80 mg of alcohol per 100 ml of blood in the body. This measurement is called BAC (Blood Alcohol Concentration) and is determined by analyzing breath or blood samples.
- ◆ The Government of Canada revised the Criminal Code within the Statutes of Canada (1985) to establish minimum penalties that provinces must apply for specific convictions. They are:
 - ◆ First conviction — a fine of \$300 and a prohibition from driving for 3 months.
 - ◆ Second conviction — 14 days in jail and a prohibition from driving for 6 months.
 - ◆ Third conviction and later convictions — 90 days in jail and a prohibition from driving for 1 year.
- ◆ The provincial government may establish harsher penalties than the minimum penalties outlined in the Criminal Code. The Alberta Motor Vehicle Administration Amendment Act, 1988 Bill 26 has established harsher penalties. They are:
 - ◆ First Conviction — a one-year driver licence suspension.
 - ◆ Second Conviction — a three-year driver licence suspension.
 - ◆ Third Conviction — a five-year driver licence suspension.

What are the penalties for drinking and driving offences that cause bodily harm?

- ◆ A maximum of 10 years in prison and up to a 10 year prohibition from driving.

What are the penalties for drinking and driving offences causing death?

◆ An impaired driving charge causing death results in a maximum prison term of 14 years and up to 10 years prohibition from driving. If criminal negligence is involved the penalty could be lifetime in prison and up to a lifetime prohibition from driving.

How many traffic collisions involving injuries are alcohol-related?

◆ According to police collision reports, in Alberta in 1991, 26% of all drivers involved in fatal crashes had been drinking.

◆ In that same year, 9.6% of all drivers involved in serious injury crashes in Alberta had been drinking.

How many drinking teenage drivers are involved in casualty collisions?

◆ 15% of all alcohol involved casualty collisions had an adolescent (19 years and younger) drinking driver.

◆ Although teens are not the only group at risk from drinking-driving, motor vehicle accidents are the leading cause of death for teens. Alcohol and high speeds are two factors that contribute to this result.

◆ Male drivers 18 to 19 years of age are more likely than any other age group to have consumed alcohol prior to a collision involving fatalities or serious injuries.

How many licence suspensions for impaired driving occur each year?

◆ In 1990/91 in Alberta, 13,552 operator licence suspensions resulted from impaired driving.

ALCOHOL CONSUMPTION AND SALES

How much do Albertans drink?

- ◆ TABLE 2: PER CAPITA CONSUMPTION OF ALCOHOL FOR ALBERTANS 15 YEARS OR OLDER

<u>Year</u>	<u>Litres of Absolute Alcohol*</u>
1985	11.15
1986	10.59
1987	9.99
1988	9.78
1989	9.49
1990	9.19
1991	8.87

*The term absolute alcohol refers to pure alcohol, which is not changed by the amount of water or other additives found in different alcoholic beverages in Alberta

Source: Alcohol and Drugs in Alberta — Perspectives on Their Use and Effects (AADAC, 1993).

- ◆ Per capita consumption of alcohol for Albertans 15 years or older decreased from just over 11 litres of absolute alcohol in 1985 to almost 9 litres of absolute alcohol, or the equivalent of about 522 bottles of beer, in 1991.

- ◆ This figure is an average that has been calculated by pooling statistical information from all Albertans aged 15 years or older; some people drink less or not at all, while others drink more.

How much do Albertans spend on alcohol?

- ◆ In 1992, alcohol sales in Alberta totalled \$991 million.
- ◆ On average, each Albertan aged 15 years or older spent about \$500 on alcohol in 1992. This figure is an average. Some people spend less on alcohol, while others spend more.

How much alcohol is sold each year in Alberta?

- ◆ In 1992, over 200 million litres of beer, wine and spirits were sold in Alberta, most of which (177 million litres) was sold as beer.

SOCIAL COSTS OF ALCOHOL ABUSE

How many deaths result from alcohol-related causes?

◆ TABLE 3: DEATHS FROM ALCOHOL-RELATED CAUSES (1989)

<u>Cause</u>	<u>Canada</u>	<u>Alberta</u>
Chronic liver disease and cirrhosis (alcohol-related)*	1,004	102
Alcohol Dependence Syndrome	452	46
Nondependent Abuse of Alcohol	116	16
Accidental Poisoning by Alcohol	84	5
Alcoholic Psychoses	50	2
Total	1,706	171

*Another 1229 deaths in Canada resulted from liver disease or cirrhosis that was not directly attributed to alcohol. However, it is likely that alcohol was a contributing factor in many of these deaths.

Source: Statistics Canada. (1991) Health Reports Causes of Death. Catalogue #84-203, Supplement No. 11, Vol. 3, No. 1

What types of costs are associated with workplace alcohol use?

◆ In a 1991 study, the most significant potential costs to the workplace associated with substance use identified by employers were: loss of valued customers/clients due to a reduction in the quality of a product or service, and lost production from absenteeism or work slowdowns due to a substance use problem. According to the study, the costs associated with substance use-related worker absenteeism is almost half a billion dollars to the Alberta economy per year.

◆ Alcohol problems in the work force result in lower productivity, absenteeism, lower work morale and accidents at work.

SOCIAL COSTS OF ALCOHOL ABUSE

How many hospitalizations are alcohol-related?

- ◆ The exact prevalence of alcohol-related problems among hospitalized patients is difficult to establish and is generally underestimated in most studies. Although prevalence rates will vary among hospitals as they will across wards within hospitals, many investigators conclude that alcohol involvement is a factor in up to 30% of admissions.
- ◆ In 1989/90, patients with alcohol-related problems spent a total of over 84,000 days in hospital at an approximate cost of \$439 per patient day.
- ◆ The average length of stay per patient for an alcohol-related disorder in 1989/90 was 11.72 days resulting in an average cost of \$5,145 per patient.

What other costs are associated with alcohol abuse?

- ◆ Other social and economic costs associated with alcohol abuse arise for individuals and the communities in which they live. For example, alcohol use is often associated with criminal behaviour, especially violent crime. Alcohol is a factor in many cases of family abuse, and suicide. Alcohol also contributes to accidents at home and on the job, reduced productivity, as well as injuries, deaths, and loss of property caused by fire.
- ◆ In 1990, 656 homicides occurred in Canada, with alcohol and/or drug involvement reported by the police in one-third of all incidents.
- ◆ A study of University of Alberta students indicated drug or alcohol involvement in almost half of reported sexual assaults. In 44% of the reported cases, the perpetrator had consumed alcohol and/or drugs. A similar percentage (40%) reported that the victims had consumed alcohol and/or drugs.

THE FAMILY AND PROBLEM DRINKING

How does problem drinking affect the family?

- ◆ Alcoholism or problem drinking is sometimes called a family illness because of the impact alcoholics have on those around them.
- ◆ The abuse of alcohol by any family member affects relationships among all family members. Attempts are often made to maintain balance and a routine within the family despite the behaviour of a problem drinker.
- ◆ Family members often experience anxiety, confusion, anger, frustration, guilt, fear and depression.
- ◆ Responses to problem drinking by families vary, ranging from isolating the problem drinker in an attempt to maintain stability, to the other extreme where family life becomes totally alcohol-centered.
- ◆ Some families adjust to alcoholism by passing through a series of stages. First, denial of a problem may occur, followed by attempts to eliminate the problem. If these attempts fail, the family balance breaks down, resulting in disorganization and chaos. The period of chaos may be followed by a period of reorganization despite the problem, sometimes followed by efforts to escape such as separation or divorce. Finally, family reorganization either with or without the alcoholic member may occur.

How does alcoholism affect children in the family?

- ◆ Children who grow up in a family with an alcoholic parent are often referred to as “children of alcoholics.”
- ◆ The experiences of children in alcoholic families vary greatly; much remains unknown about the impact alcoholism has on children.
- ◆ Many children of alcoholics lack good adult role models, and their needs for warmth, security and physical care may remain unmet.

THE FAMILY AND PROBLEM DRINKING

◆ In dealing with alcoholism in the family, children may assume one of many different coping styles, from assuming responsibility for the family to serving as the family scapegoat. These roles are often carried into adulthood.

◆ Grown children of alcoholics sometimes display the following characteristics: fear of losing control, fear of feelings, fear of conflict, overdeveloped sense of responsibility, guilt, inability to enjoy life, self-criticism, difficulty with relationships, confusing love and pity, tendency to feel more comfortable with chaos than security, and an ability to survive.

Should the family of an alcoholic seek help?

◆ Outside help from a source with staff who are trained to deal with alcoholism is recommended so that families can learn to interact with each other and others in healthy ways that are not based on drinking behaviour. Once family members begin relating to each other on the basis of inappropriate roles it is difficult to change the situation from inside the family system.

Is there help available for the family of an alcoholic?

◆ Help is available through a number of agencies and organizations, including Al-Anon, Alateen and AADAC.

◆ Al-Anon is a group of family and friends of problem-drinkers who have joined together to support and share with each other their experiences in an attempt to gain a better understanding of alcohol-related problems.

◆ Alateen is a group similar to Al-Anon, but is for young people aged 12 to 20.

◆ Alcoholics Anonymous, a program that is available for the problem drinker, is discussed under the Treatment section of *Quick Facts*.

- ◆ AADAC provides counselling services to families and friends of problem drinkers who are trying to gain an understanding of the process of addiction and their role in it.

How can the family motivate the alcoholic to seek treatment?

- ◆ One intervention approach involves helping the alcoholic to see the nature of the problem and the need to seek help. Family members and other concerned persons, under a counsellor's direction, describe to the alcoholic specific alcohol-related incidents that have caused concern, and express hope that the alcoholic will seek treatment. By presenting the details, this intervention process may create a crisis in a constructive way to initiate a change.

Is there legal protection available to the family of a problem drinker?

- ◆ The Criminal Code of Canada provides protection to persons who are being physically abused. These provisions include assault charges and peace bonds.
- ◆ A person charged with assault must appear in court to plead guilty or not guilty. Depending on the plea, the case may go to trial and a fine or jail term may be imposed as a sentence.
- ◆ A peace bond is a promise to the court by the abuser to maintain good behaviour. Both partners must appear in court where a judge decides whether a peace bond should be ordered.

MARIJUANA

- ◆ Marijuana, hashish and hashish oil are obtained from a plant called *Cannabis sativa*. The major active chemical ingredient in marijuana is THC (tetrahydrocannabinol).
- ◆ Marijuana is a psychoactive (mind-altering) drug. It can alter perceptions, moods and sensations.

What are the short-term effects of marijuana use?

- ◆ The three major areas of functioning that are affected by marijuana use are the central nervous system, the cardiovascular system and psychological functioning.
- ◆ Effects on the nervous system include: impairment of intellectual functioning, short-term memory and learning ability. Both physical coordination and the performance of complex visual tasks also become impaired.
- ◆ In amounts commonly used, marijuana can impair a person's ability to engage in activities such as driving a car, operating machinery or flying a plane. When used together with other drugs like alcohol, greater impairment occurs.
- ◆ Effects on the cardiovascular system include increased heart rate and changes in blood pressure, often associated with changing positions from sitting or lying to standing.
- ◆ Effects on psychological functioning include feelings that range from well-being and exhilaration to anxiety and fear. In some cases, panic and disorientation may occur.

What are the long-term effects of marijuana use?

- ◆ Long-term effects of marijuana use are still under investigation. Dangerous effects seem to be associated mostly with heavy chronic use.

- ◆ When heavy users stop taking the drug, they often experience withdrawal symptoms which include irritability, sweating, tremor, upset stomach and diarrhea.
- ◆ Both psychological and physical dependence can occur with regular use. Habitual use can also precipitate or worsen symptoms of mental illness or emotional problems.
- ◆ Marijuana smoke contains many of the same irritants that are found in tobacco smoke. Chronic marijuana smoking can cause the sinuses and bronchial tubes to become inflamed.
- ◆ Although there is no conclusive proof that marijuana causes lung cancer, there is growing evidence that it does. Also, current research suggests that when both tobacco and marijuana are smoked, there is a greater potential to produce cancer than with either substance alone.

What is the law in Canada concerning marijuana?

- ◆ Despite the fact that marijuana is not a narcotic, its use is controlled by the Narcotic Control Act. Under this act, an individual can be charged with possession, trafficking, possession for the purpose of trafficking, cultivation, and importing or exporting.

How many people use marijuana?

- ◆ A 1989 survey revealed that 23% of all Canadians aged 15 or older have tried marijuana at least once. According to the survey, marijuana is the most commonly used illicit substance in Canada and Alberta.
- ◆ A 1989 Alberta study revealed that 12% of 12 to 17 year olds had smoked marijuana during the past six months.

MARIJUANA

How many drug offences are marijuana-related?

- ◆ In 1989, 3,466 possession offences in Alberta and 29,119 possession offences in Canada were related to marijuana.
- ◆ In Alberta, drug offences for marijuana account for 77% of all drug-related offences.

What is AADAC's policy concerning marijuana?

- ◆ AADAC recognizes that the use of illicit substances adversely affects the health and well-being of many Albertans.
- ◆ AADAC is committed to actions that will minimize the harmful consequences of use and supports all reasonable efforts to discourage the consumption of these substances as long as those efforts do not create more serious problems than the actual use of the drugs.

TOBACCO

What is in a cigarette?

- ◆ The smoke produced when tobacco is burned contains over 4,000 different chemicals, 50 of which are cancer producing agents called carcinogens.
- ◆ After smoking one cigarette, carbon monoxide stays in the bloodstream for up to six hours. This forces the heart to work harder trying to supply the body with enough oxygen.
- ◆ Nicotine is one of the principle ingredients in tobacco and is classified as a drug. It is a stimulant which causes the heartbeat and blood pressure to increase. Nicotine is a highly addictive drug; withdrawal symptoms are a major reason it is so difficult to quit smoking.
- ◆ Tar consists of solid particles from cigarette smoke. It interferes with the normal exchange of oxygen and carbon dioxide in the lungs, and contributes to shortness of breath. Continued exposure to tar increases the risk of developing lung cancer.

What are the short-term effects of smoking tobacco?

- ◆ Immediate effects of smoking for the first time may include increased heartbeat and blood pressure, dry and irritated throat, coughing and dizziness.
- ◆ Inhaled smoke irritates the air tubes and air sacs. Harmful chemicals enter the bloodstream through the lungs.

What are the long-term effects of smoking tobacco?

- ◆ Long-term effects of tobacco use include heart disease, strokes and lung cancer. Between 90 and 95% of all lung cancers are caused by smoking.
- ◆ Other long-term effects of smoking include emphysema, chronic bronchitis and cancers of the larynx, esophagus, bladder, kidney and pancreas.

TOBACCO

What is the trend in tobacco use?

◆ TABLE 4: PERCENTAGE OF CANADIANS WHO ARE REGULAR SMOKERS

Age Group	Men		Women	
	1991	1985	1991	1985
15-19	12%	20%	20%	21%
20-24	28%	32%	27%	38%
25-44	33%	38%	30%	31%
45-64	25%	36%	28%	29%
65+	15%	23%	12%	15%
Overall	26%	33%	26%	28%

Source: Statistics Canada (1991) Juristat Services Bulletin (Catalogue #85-002 Vol. 11, No. 13)

◆ In 1985, 33% of all men and 28% of all women were regular smokers. By 1991, the smoking rates for both men and women who were regular smokers were the same at 26%.

◆ All age groups showed decreases from 1985 to 1991 in the percentages of males and females who were regular smokers. The largest decrease was for males aged 45 to 64 and females aged 20 to 24.

How many deaths are related to smoking tobacco?

◆ In 1989, over 38,000 deaths in Canada, one in five, were attributable to cigarette smoking.

What is environmental tobacco smoke (second-hand smoke)?

◆ Environmental tobacco smoke is tobacco smoke in the air, composed of sidestream smoke and smoke exhaled by the smoker.

◆ Sidestream smoke is smoke released into the air by a burning cigarette or other tobacco product. Sidestream smoke accounts for 85% of tobacco smoke in the environment.

What is passive or involuntary smoking?

- ◆ Passive or involuntary smoking occurs when non-smokers are exposed to environmental tobacco smoke.

What are the risks associated with passive smoking?

- ◆ Passive smoking increases the risk of developing lung cancer and heart disease in non-smokers.
- ◆ Compared with the general population, non-smoking spouses of smokers have two to three times the risk of developing lung cancer.
- ◆ More than 300 non-smokers in Canada die each year from lung cancer caused by exposure to environmental tobacco smoke.
- ◆ Children whose parents (particularly their mothers) smoke are more likely to have bronchitis, pneumonia, ear infections, and asthma attacks than children of non-smoking parents. They are also more likely to die from sudden infant death syndrome (SIDS).
- ◆ Exposure to environmental tobacco smoke may be particularly harmful during pregnancy.
- ◆ Clove cigarettes, containing 30 to 40% cloves and 60 to 70% tobacco, contain almost twice the tar and nicotine of ordinary cigarettes. They can cause allergic and toxic reactions, lung congestion, asthma and chest pain.
- ◆ Smokeless cigarettes contain nicotine and tobacco flavouring, but the user puffs on them without lighting them. Little is yet known about potential negative effects of this product.
- ◆ Some evidence indicates that light cigarettes contain more tar, nicotine and carbon monoxide than manufacturers claim. Recent evidence reveals that there is no difference in the risk of heart disease from smoking light or regular cigarettes.

COCAINE

What is cocaine?

◆ Cocaine is a powerful central nervous system stimulant. It is prepared from the leaves of the *Erythroxylum coca* bush found primarily in Peru and Bolivia. After coca paste is extracted from the leaves, it is purified to produce an odorless, white crystalline powder called cocaine hydrochloride.

How is cocaine used?

- ◆ Cocaine is usually sniffed or snorted through the nostrils, where it is absorbed through the mucous membrane of the upper respiratory tract.
- ◆ Other methods of use include smoking or injecting.

What is free base cocaine?

- ◆ Free base cocaine is cocaine hydrochloride that has been chemically treated, through an extraction process using flammable solvents, to remove the hydrochloride portion. The resulting free base vapourizes more readily than cocaine hydrochloride and can therefore be smoked.
- ◆ Crack is a free base form of smokeable cocaine. It is made by adding baking soda to cocaine hydrochloride and heating the mixture. The dried residue forms clumps known as crack or rock, which is then smoked.

What are the short-term effects of cocaine use?

- ◆ Short-term effects of cocaine use include decreased appetite and decreased need for sleep, euphoria followed by agitation and anxiety, exaggerated reflexes and pupil dilation.
- ◆ Additional effects include increased blood pressure, respiratory rate and heart rate.

- ◆ At higher doses, users may experience rapid and weak pulse, nausea and vomiting and shallow respiration.

What are the long-term effects of cocaine use?

- ◆ Chronic cocaine use may lead to agitation, excitability, mood swings, and hypersensitivity to sensory stimuli, sometimes resulting in hallucinations. Other effects include sleep disorders, eating disorders and sexual dysfunction.
- ◆ If used during pregnancy, cocaine can cause complications such as spontaneous abortions. Dramatic media reports about grossly abnormal cocaine/crack babies are not supported by the available scientific information.
- ◆ Depending on the method of administration, some users may develop respiratory problems, destruction of tissue in the nose or infections such as hepatitis. Heart attacks, and seizures can also result from cocaine use, and AIDS from injecting the drug with non-sterile needles and syringes.
- ◆ Chronic, heavy cocaine use can cause severe psychiatric disorders such as paranoid psychosis.

Is crack more dangerous than cocaine?

- ◆ Smoking crack or other forms of free base cocaine is probably no more dangerous than injecting cocaine hydrochloride. These routes of administration may be somewhat more dangerous than snorting cocaine because the drug gets to the brain more quickly and in higher concentrations.
- ◆ Sharp and drastic rises in cocaine blood levels could put the user at increasingly greater risk for acute toxic overdose reactions including seizures, hypertension, heart attack and stroke.

COCAINE

Is cocaine addicting?

◆ Studies indicate that the drug is physically and psychologically addicting. The craving for the drug experienced by regular users is thought to be due to physiological changes in brain chemistry brought on by the drug. This craving makes it very difficult for users to stop using cocaine.

How many people use cocaine?

◆ A 1989 study reported, 3.7% of Albertans and 3.5% of Canadians, aged 15 or older, had used cocaine at least once in their lifetime. 1.1% of Albertans and 1.4% of Canadians used cocaine at least once in the year preceding the survey.

◆ According to a 1989 AADAC study, 2% of Alberta adolescents (12-17 years old) had used cocaine in the past 6 months.

How many drug offences are cocaine-related?

◆ In Alberta, of all drug related offences, 12% are cocaine-related.

◆ In 1989, 316 drug possession offences in Alberta and 7,018 drug possession offences in Canada were cocaine-related.

CAFFEINE

What is caffeine?

- ◆ Caffeine is one of the most widely used drugs in the world.
- ◆ In its pure form, caffeine is a white, crystalline powder. It is found in coffee beans, tea leaves, cocoa leaves and kola nuts.

How much caffeine do various products contain?

- ◆ Depending on the strength, a cup of percolated or brewed coffee contains between 40 and 180 mg of caffeine. Instant coffee ranges from 30 to 100 mg of caffeine per cup.
- ◆ Again depending on strength, a cup of tea contains between 10 and 90 mg of caffeine.
- ◆ The most common level of caffeine in cola drinks is 30 mg per 10 ounce can.
- ◆ A typical chocolate bar contains 20 to 25 mg of caffeine.
- ◆ Stay-awake pills contain 100 milligrams of caffeine.
- ◆ The amount in headache and cold medicines varies; the amount is indicated on the product label.
- ◆ Over-the-counter medications containing caffeine include: Anacin®, Instantine®, Tylenol NO.1®, Excedrin®, 222®, Atasol-8®, Dristan®.

What are the short-term effects of caffeine use?

- ◆ Short-term effects of consuming caffeine include mild mood elevation, increased sensory awareness and alertness, and postponement of drowsiness.
- ◆ Other effects include slightly increased blood pressure, constriction of cerebral blood vessels, and stimulation of cardiac muscles and respiration.

CAFFEINE

How much caffeine is too much?

- ◆ Daily use in low doses (up to 300 milligrams) in otherwise healthy adults does not appear to produce negative effects.
- ◆ High doses of 600 mg or more (the equivalent of 6 to 8 cups of coffee) can produce: chronic insomnia, anxiety, depression, gastrointestinal irritation and rapid irregular heartbeat. Some people experience these unpleasant effects at lower doses.
- ◆ Although caffeine has not been proven to cause birth defects pregnant women are advised to consume as little as possible.

SOLVENTS/ INHALANTS

What types of products contain solvents or inhalants which are abused?

◆ Many industrial, commercial and household products contain solvents that are commonly abused. They include: gasoline, some types of glue and household cements, cleaning fluid, nail polish remover, paint remover, and general household cleaners.

What are the short-term effects of solvent or inhalant use?

◆ Early effects may include dizziness, numbness, and weightlessness, followed by decreased motor coordination, muscle weakness, slowed reflexes, impaired judgement, visual disturbances and ringing in the ears. Bizarre behaviour, perceptual distortions and severe depression may occur.

◆ Other effects include increased heart rate, irregular heartbeat, headache, sneezing, coughing, nasal inflammation, respiratory depression, nausea, vomiting and diarrhea.

◆ A prolonged period of inhalation can result in coma or seizures. Reduced oxygen supply to the brain can cause unconsciousness and brain damage.

What are the long-term effects of solvent or inhalant use?

◆ Many chronic solvent users have experienced psychological problems including apathy, mood swings, depression and paranoid thinking. There is increasing evidence that brain damage occurs with continued heavy use.

◆ Other effects may include impairment of the liver, kidneys, lungs, heart and blood abnormalities.

SOLVENTS/ INHALANTS

Can solvent or inhalant use be fatal?

- ◆ One cause of death among solvent users is "sudden sniffing death." Death results from heart failure brought about by severely irregular heartbeat, usually associated with some stress or vigorous activity after inhaling the solvent.
- ◆ Users often use a plastic bag to inhale the substance. If a user lapses into sleep or unconsciousness while a bag remains over the nose and mouth, there is a substantial risk of death from asphyxiation.
- ◆ Accidental or intentional overdose of solvents has resulted in a number of deaths.

What is methyl alcohol?

- ◆ Methyl alcohol is a very dangerous poison and cannot be made safe to drink. Some people may try to get high using products that contain this poisonous substance. However, they are poisoning themselves without getting the high they seek.
- ◆ Drinking an ounce or less of methyl alcohol can cause blindness, nerve damage, coma, convulsions and death from respiratory arrest.
- ◆ Methyl alcohol (methyl hydrate, wood alcohol) is used chiefly as an industrial solvent. Common household products that contain methyl alcohol include paint removers, antifreeze and liquid fuel.

OTHER DRUGS

What are amphetamines?

- ◆ Amphetamines are a group of central nervous system stimulant drugs. These drugs produce short-term effects such as feelings of well-being, increased alertness and energy and increases in heart rate and breathing rate. Long-term effects may include sleep disturbances, anxiety, appetite suppression and high blood pressure.
- ◆ Chronic use results in physical dependence and withdrawal symptoms when the drug is stopped. Psychological dependence can occur even among regular low-dose users.

What are barbiturates?

- ◆ Barbiturates are a group of central nervous system depressant drugs. At low doses, these drugs produce relaxation and result in mildly impaired cognitive and motor functioning. At high doses, effects range from severe impairment and intoxication to anesthesia, unconsciousness and respiratory arrest.
- ◆ Barbiturates are highly dangerous among drugs of abuse. Tolerance occurs rapidly, so higher doses are needed to maintain desired effects. Higher doses can lead to risk of death from overdose. If the user stops using the drug suddenly, they can experience severe withdrawal symptoms.

What are tranquilizers?

- ◆ Tranquilizers are depressant drugs which slow down the central nervous system. They affect the body in a way that is similar to the effects of other depressants such as alcohol, solvents and barbiturates.
- ◆ Some common examples of tranquilizers used to relieve anxiety include: Valium® (diazepam), Librium®, and Serax®.

OTHER DRUGS

- ◆ Effects of tranquilizers vary with the particular drug, the dose and how it is taken. Small doses will make people feel relaxed and calm and could also make them feel slightly uncoordinated, drowsy, sluggish and a bit confused. Larger doses will probably cause people to appear intoxicated and to become drowsy and fall asleep. Long term effects include irritability, nausea, headache, skin rash, weight gain, impaired thinking, memory and judgement, and loss of interest.
- ◆ Tolerance develops with regular use making increased doses necessary to produce the desired effect. Psychological and physical dependence can also occur.

What is LSD?

- ◆ Lysergic Acid Diethylamide (LSD) is the most powerful of the known hallucinogens. Even in very small doses, its effects include changes in perception, mood and thought. Hallucinations and perceptions of the senses can meld together. Users may experience a sense of wonder and joy, or they may feel anxious and fearful. In some cases, psychotic episodes can occur. These are characterized by bizarre behaviour, delusions, terror and hallucinations.
- ◆ Tolerance to LSD develops quickly, so that with consecutive daily doses, no amount of the drug can produce desired effects. Only after a period of abstinence of three to four days does sensitivity return. Physical dependence on LSD does not appear to occur. Some users may become psychologically dependent.

What is heroin?

- ◆ Heroin is a semi-synthetic drug produced by chemically modifying morphine, which comes from the opium poppy. It is classified as a narcotic analgesic or opiate.
- ◆ Heroin can be sniffed, smoked or swallowed, but is often injected intravenously.

- ◆ Effects of heroin use include euphoria, tranquillity, numbness and pain relief. Serious negative consequences are often related to the lifestyle of the user and factors relating to intravenous drug administration, including risk of developing hepatitis, AIDS and other infections.
- ◆ Tolerance develops rapidly as do both physical and psychological dependence.

What is methadone?

- ◆ Methadone is a synthetic narcotic analgesic and is currently used in the treatment of people dependent on other narcotic analgesics such as heroin.
- ◆ Methadone is a long acting painkiller and its effects, risks and tolerance are similar to heroin.
- ◆ AADAC operates an Opiate Dependency Program for individuals with opiate dependencies. The primary focus is to help the addict establish a “normal” lifestyle through the use of methadone maintenance and withdrawal.

AIDS

What is AIDS?

- ◆ AIDS (Acquired Immune Deficiency Syndrome) is a viral infection which causes depression of the immune system resulting in the development of life-threatening infections and/or cancers.
- ◆ AIDS is the later stage of infection. During the early stage, patients may have no symptoms or they may develop less severe infections.

What causes AIDS?

- ◆ AIDS is caused by the Human Immunodeficiency Virus (HIV). The virus has been found in blood, semen, breast milk and urine. It has also been found in small amounts in saliva and tears and in other body fluids and tissues.

How is HIV transmitted?

- ◆ The virus is transmitted primarily through sexual contact, mainly by unprotected vaginal and anal intercourse. In addition to the well-known spread in the gay community, most HIV infections world-wide are transmitted by unsafe heterosexual activity.
- ◆ The virus is also transmitted through shared use of infected needles and syringes, particularly by injection drug abusers. Before the screening of the blood supply began in Canada in 1985, the virus was also transmitted through administration of infected blood transfusions and blood products.
- ◆ The virus can also be transmitted from an infected mother to her newborn child.
- ◆ There is no evidence that HIV transmitted through ordinary social or occupational contact.

Who is at risk for contracting HIV infection?

- ◆ Sexually active homosexual and bisexual men account for the majority of AIDS cases resulting from HIV infection in Canada (78%). Intravenous drug users are the other main high risk group.
- ◆ Heterosexual partners of infected persons and children born to infected mothers are also at high risk.
- ◆ The risk of transmission to health care professionals appears to be low, but the infectious nature of the syndrome does call for strict compliance with infectious disease control procedures. Only one health care professional, a dentist, is known to have infected a patient.

How many AIDS cases have been reported?

◆ TABLE 5: PREVALENCE OF AIDS

	Canada	Alberta
Number of Cases	7,770	497
Number of Deaths	5,128	179

Source: Health & Welfare Canada (April, 1993). Quarterly Surveillance Update: AIDS in Canada.

How can AIDS be treated?

- ◆ There is still no cure for AIDS and no vaccine is yet available to prevent infection with HIV.
- ◆ Medical treatment of HIV infections includes: treatment with antiviral drugs, attempts to stimulate the immune system, antibiotic treatment of specific infections and anti-cancer treatment for cancers associated with AIDS.
- ◆ Supportive counselling, information and drug abuse treatment programs are important components of treatment for persons with AIDS and those in high risk groups.

TREATMENT AND PREVENTION OF ALCOHOL AND DRUG-RELATED PROBLEMS

What is AADAC's treatment and prevention philosophy?

◆ AADAC is an addictions agency which operates from the general principle that the person, not just the substance, is the most important element in drug use and drug problems. AADAC's approach to the prevention and treatment of drug problems primarily aims at reducing people's demand for drugs through developing individual competence and creating healthy families and communities. AADAC's mission is to assist Albertans to achieve a life free from alcohol and other drug abuse.

What prevention services does AADAC offer?

◆ AADAC's prevention services are aimed at increasing knowledge, awareness and understanding of alcohol and other drugs, and improving personal skills needed to address alcohol and other drug-related issues.

◆ Program activities include conferences, lectures, audiovisual presentations, seminars, displays, participation in community events, interagency linkages, consultation, partnerships and provision of material resources.

◆ Community collaboration is important in the prevention and resolution of alcohol and other drug problems.

What is involved in AADAC's treatment programs?

◆ AADAC and its funded agencies provides a network of treatment services throughout the province to meet a variety of needs. This network includes detoxification and shelter, inpatient treatment, day treatment, counselling and halfway houses.

- ◆ Twenty-three AADAC offices provide outpatient counselling to individuals and families concerned with alcohol or other drug use.
- ◆ Three AADAC inpatient detoxification centres provide a safe environment in which individuals withdraw from alcohol or other drugs.
- ◆ Three large inpatient institutions provide specialized intensive program services within a protective and supportive environment.
- ◆ Two adolescent treatment centres provide specialized intensive day treatment programs for teens.
- ◆ AADAC funds 26 community-based agencies throughout the province, and works with them to develop programs that serve their community.

How many people received services from AADAC treatment facilities?

- ◆ TABLE 6: CLIENTS AND COLLATERALS DISCHARGED FROM AADAC FACILITIES BY FISCAL YEAR, 1990/91 TO 1992/93*

Type of Facility	Year		
	1990/91	1991/92	1992/93
Inpatient	15%	12%	10%
Outpatient	74%	71%	73%
Detox	22%	17%	17%
Total**	20,891	22,457	20,786

*this table includes both adult and adolescents

**the percentages in each row do not add up to the total because a client or collateral may receive more than one type of service and facility may offer more than one type of service.

Source: AADAC Client Monitoring System

TREATMENT AND PREVENTION OF ALCOHOL AND DRUG-RELATED PROBLEMS

What is Alcoholics Anonymous?

- ◆ Alcoholics Anonymous is a fellowship of people who meet in an attempt to deal with alcoholism.
- ◆ The program consists of meetings at which members share experiences, and help each other to maintain sobriety.
- ◆ Alcoholics Anonymous is not associated with any other political, social or religious organization. It is supported through voluntary member contributions.

Can someone with an alcohol or other drug problem be forced into treatment?

- ◆ Successful treatment requires cooperation of the client.
- ◆ More effective than forcing someone into treatment is helping them to realize the problems that alcohol or other drugs are causing in their lives, and the consequences that will result from continued drug use, such as loss of job, family or health.

Is abstinence the only answer to alcoholism?

- ◆ Traditionally, total abstinence was presumed a necessary condition for successful treatment of alcoholism, and for many, it is still the most appropriate goal.
- ◆ More recent studies suggest that some people with serious alcohol problems can successfully return to controlled social drinking, particularly those in the earlier stages.

FOR FURTHER INFORMATION

For further information contact **your local AADAC office or the**

AADAC Library

Suite 200, 10909 Jasper Avenue

Edmonton, Alberta T5J 3M9

Phone 427-7303

Fax 427-2352

FOR FURTHER INFORMATION ON DRUG-RELATED PROBLEMS

For further information on drug-related problems, contact the following:

- **Alcohol and Drug Abuse Commission (AADAC)** - 1000-10th Avenue, Suite 100, Edmonton, Alberta T6C 0A6. Phone: (403) 493-1111.
- **Drug Abuse Prevention and Control Act (DAPCA)** - 1000-10th Avenue, Suite 100, Edmonton, Alberta T6C 0A6. Phone: (403) 493-1111.
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